U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	1	Bec'd	Red Col	y
-	JU.	1162	005	
-7	10	49 E	0	1_

1. File Number U - 2526

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name and address of account to	
8. Name and address of person filing.	Name, file number, and address of labor organization.
Name William R Pendergrass	Name UAW LOCAL 1407
the Committee of the Co	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 333 MOORE RD.	Street 1200 FLEETGUARD
City COOKEVILLE	City COOKEVILLE
State TENNESSEE ZIP Code + 4 3850	
Position in labor organization.	TARY (Expires (6-21-05)
KE CORDING SECRET	MK4(Cxp11es (6-21-02)
	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ul> <li>Held an interest in, engaged in transactions (including loans) on nonetary value from an employer whose employees your org</li> </ul>	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
united the contract of the contract of the contract of	7.a. Nature of Interest, Transaction, or Income.
proceedings and the control of the c	The second secon
Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name	The second secon
Name Trade Name, if any:	N/A
Name Trade Name, if any:	The second secon
Name	N/A
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	N/A
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	N/A
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	N/A
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	N/A
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under possibmitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in this report (including the information contained in any account of the submitted in th	7.b. Amount.  Signature  enalty of Perjury and other applicable penalties of the law, that all of the information ecompanying documents), has been examined by the signatory and is, to the best of the
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under policy.	7.b. Amount.  Signature  enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under persubmitted in this report (including the information contained in any accundersigned's knowledge and belief, true, correct, and complete. (Se	7.b. Amount.  Signature  enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the ee the section on penalties in the instructions.)
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under possibilities in this report (including the information contained in any account of the contained in the contained in any account of the contained in account of the contained	7.b. Amount.  Signature  enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the